

**AGED AND DISABLED & TRAUMATIC BRAIN INJURY WAIVER:
PROVIDER CERTIFICATION--REQUIRED DOCUMENTS**

	A&D TBI	A&D TBI	A&D TBI	A&D TBI	A&D TBI	TBI	A&D TBI	A&D TBI	A&D	A&D TBI	A&D TBI	A&D TBI	A&D TBI	TBI	A&D TBI	A&D TBI	TBI	A&D TBI	A&D TBI	TBI	A&D TBI	A&D TBI	A&D TBI
REQUIRED DOCUMENTS	*ADULT DAY SERVICE	*ADULT FAMILY CARE	*ASSISTED LIVING Memory Care Unit	*ATTENDANT CARE	*BEHAVIOR MANAGEMENT	*CASE MANAGEMENT	ENVIRONMENTAL MODIFICATION	ENVIRONMENTAL MODIFICATION ASSESSMENT	*HEALTH CARE COORDINATION	HOME DELIVERED MEALS	*HOME MAKER	PERSONAL EMERGENCY RESPONSE	*RESIDENTIAL BASED HABILITATION	*RESPITE	SPECIALIZED MEDICAL EQUIPMENT	*STRUCTURED DAY PROGRAM	*STRUCTURED FAMILY CARE	*SUPPORTED EMPLOYMENT	*TRANSPORTATION	VEHICLE MODIFICATION	**SOLO PROVIDERS		
Proof of individual certification or degree or experience if required. See service provider qualifications for the relevant service in the waiver document or the Waiver Provider Manual.	X				X	X		X		X			X		X	X		X					
Service specific survey or certification tool if applicable. Must complete self assessment to be verified by on site survey by DA staff	X	X	X																				
Secretary of State letter authorizing company to do business in the state of Indiana	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Limited, National or Expanded criminal history check (for direct care staff) from the Indiana State Police or third party agency.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Documentation of a direct services waiver for any AAA wanting to provide a direct service other than case management.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Proof of home health agency license from ISDH													X										
Proof of personal services agency OR home health agency license from ISDH					X						X												
Proof an approved waiver from ISDH which waives the transfer/discharge provisions of the RCF license			X	X																			
Proof of standard lease/residency agreement			X	X																			
1. Personal Service Providers: Is the number of clients served less than 8 people? (individual providers are not to serve more than 7 people) (IC 26-4-4). Providers which are operating as an agency (under a FID), are required to be licensed.					X						X												
2. Adult Family Care: Is the number of clients served no more than that which they are approved for (not more than 4, but may be fewer based on approval by location)? See HCBS waiver provider manual, section 8		X		X																			
3. Current professional and personal liability insurance policy to cover: personal injury, and property damage to an individual caused by fire, accident, or other casualty arising from the provision of services by the provider (455 IAC 2-6-2)(455 IAC 2-11-1). <i>AFC Providers are required to have Commercial General Liability Insurance.</i>	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
4. Written personnel policies reviewed annually, and updated as needed (455 IAC 2-15-2)(a)(2)	X	X	X	X	X	X			X		X		X	X		X	X	X	X				
B2. A procedure for conducting reference and employment, and criminal background on each prospective employee or agent (455 IAC 2-15-2)(b)(1).	X	X	X	X	X	X			X		X		X	x		X	x	X	X			X	
convicted of: Sex Crime; Exploitation of an endangered adult; Abuse or Neglect of a child; Failure to report battery; Neglect or Exploitation of an adult or child; Theft; Murder; Voluntary or Involuntary Manslaughter;	X	X	X	X	X	X			X		X		X	x		X	x	X	X			X	
B4. Job descriptions for each position including minimum qualifications and major job duties of the position (455 IAC 2-15-2)(b)(4).	X	X	X	X	X	X			X		X		X	x		X	x	X	X			X	

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*All services that require written personnel policies and a written operations manual must also include additional items within the manuals in order to become a certified provider (see page 2 of this document).

**For additional information on solo providers, see page 2

*All services that require written personnel policies and a written operations manual must also include the following items within the manuals in order to become a certified provider. Written personnel policies must be reviewed annually, and updated as needed (455 IAC 2 -15-2)(a)(2). A written operations manual addressing the requirements in 455 IAC 2 must be regularly updated and revised at least annually (455 IAC 2-15-3).

- 4A. A procedure for conducting reference and employment, and criminal background on each prospective employee or agent (455 IAC 2-15-2)(b)(1).
- 4B. A prohibition against employing or contracting with a person convicted of: Sex Crime; Exploitation of an endangered adult; Abuse or Neglect of a child; Failure to report battery; Neglect or Exploitation of an adult or child; Theft; Murder; Voluntary or Involuntary Manslaughter; and Battery (455 IAC 2-15-2)(b)(2).
- 4C. Job descriptions for each position including minimum qualifications and major job duties of the position (455 IAC 2-15-2)(b)(4).
- 4D. A process for evaluation of job performance at the end of a training period and, annually, and including a process from individuals receiving services to give feedback on an employee or agent (455 IAC 2-15-2)(b)(3).
- 4F. Disciplinary procedures (455 IAC 2-15-2)(b)(4).
- 4G. Description of grounds for disciplinary action or dismissal of employee of Agent (455 IAC 2-15-2)(b)(5).
- 4H. Description of an employee's right and responsibilities, including responsibilities of administrators and supervisors (2-15-2)(b)(6).
- 4J. A provider shall maintain in the provider's office, files for each employee or agent of the provider (455 IAC 2-14-1)(a).
- 4K. A system in place for the transfer of information to and from each provider listed on the individual's plan (455 IAC 2-16-2)(b).
- 4L. Maintain a current organization chart to include Parent organization and subsidiary organization (455 IAC 2-9-1)
- 4M. A written quality assurance and quality improvement system, updated annually, that :
 - 4M.1. Is focused on the individual (455 IAC 2-9-5)(a)(1).
 - 4M.2. Is appropriate for services being provided (455 IAC 2-9-5)(a)(2)
 - 4M.3. Includes a process for analyzing data for reportable incidents, developing and reviewing recommendations to reduce risk of future incidents (455 IAC 2-9-5)(b) and .
 - 4M.4. Will include documentation of efforts to improve services based on survey feedback (455 IAC 2 -9-5)(b)(3)
 - 4M.5. Is on-going and updated at least annually
 - 4M.6. Will includes an annual survey of individual satisfaction (455 IAC 2-9-5)(b)(1).
 - 4M.7. Will include a record of findings of the annual satisfaction survey (455 IAC 2-9-5)(b)(2)
- 8A. For incident filing and review (455 IAC 2-8-1, 455 IAC 2-8-2. Wavier Assurance G-1): A written procedure for filing within 24 hours, any suspected Abuse, Neglect or Exploitation, or Death of a participant with APS, or CPS and DA's Incident Reporting website consistent with provider requirements.
- 8B. A procedure in place for filing within 48 hours of any unusual occurrence via DA's Incident Reporting website consistent with provider requirements (455 IAC 2-8-2).

**The solo provider classification refers to an individual (as opposed to an agency) operating under their SSN and operating without employees. For solo providers, additional documents may be required. Requirements for solo providers not indicated on page one also include:

- 4M and all of its subsections (see above)
- 8A & 8B(see above)

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